

TOWN OF NARRAGANSETT

APPLICATION FOR CHANGE OF
OWNERSHIP, NAME OR ADDRESS

***PLEASE PRINT AND PRESS FIRMLY ***

PLEASE NOTE: Voting Address Must be Changed in Person at the Town Clerk's Office.
ID With New Address Must Be Presented.

TYPE OF CHANGE (Check One):

_____ **OWNERSHIP** PLAT _____ LOT: _____

PROPERTY LOCATION: _____

PREVIOUS OWNER: _____

NEW OWNER: _____

MAILING ADDRESS: _____

_____ **NAME CHANGE (Legal Proof Must Accompany Form)**

OLD NAME: _____

NEW NAME: _____

_____ **ADDRESS CHANGE** NAME _____

OLD ADDRESS _____

NEW ADDRESS _____

SIGNATURE _____ DATE _____

***** RETURN COMPLETED FORM TO THE TAX ASSESSOR'S OFFICE: 25 FIFTH AVENUE, NARRAGANSETT, RHODE ISLAND 02882**

OFFICE USE ONLY

RECEIVED BY _____ DATE _____

PLEASE FILL IN ACCOUNT NUMBERS WHERE APPLICABLE

MOTOR VEHICLE	ACCOUNT# _____
REAL ESTATE	ACCOUNT# _____
UTILITY (WATER/SEWER) USAGE	ACCOUNT# _____
SEWER ASSESSMENT	ACCOUNT# _____
SEWER LOT DEVELOPMENT	ACCOUNT# _____